

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | |
|---|----------------------|------------------------|
| CHANGE OF CORRESPONDENCE ADDRESS Application Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | Application Number | 09/728,661-Conf. #5571 |
| | Filing Date | December 1, 2000 |
| | First Named Inventor | Zeev Barzilai |
| | Art Unit | 2134 |
| | Examiner Name | E. C. Tran |
| | Attorney Docket No. | 06727/100H145-US1 |

Please change the Correspondence Address for the above-identified application to:

☒ The address associated with Customer Number:

OR

| | | | | | |
|--|---------------------------------------|-------|----|-------|------------|
| <input type="checkbox"/> Firm or Individual Name | S. Peter Ludwig DARBY & DARBY P.C. | | | | |
| Address | P.O. Box 5257 | | | | |
| City | New York | State | NY | Zip | 10150-5257 |
| Country | US | | | | |
| Telephone | (212) 527-7700 | | | Email | |

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- ☐ Applicant/Inventor
☐ Assignee of record of the entire interest.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
☒ Attorney or agent of record. Registration Number 25,351
☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Signature

Typed or Printed Name

S. Peter Ludwig

Date February 5, 2007

Telephone (212) 527-7770

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of 1 forms are submitted.